

### EXAMPLE 4

## NORTH CAROLINA MEDICAID REMITTANCE AND STATUS REPORT

**MEL CORPORATION**  
**ACCOUNTS RECEIVABLE DEPT**  
**P O BOX 1111**  
**ANYWHERE NC 22222**

PROVIDER NUMBER 341XXXX				REPORT SEQ. NUMBER 17				DATE 11/15/1999		PAGE 2			
NAME		SERVICE DATES		DAYS OR UNITS	PROCEDURE/ACCOMMODATION/DRUG CODE AND DESCRIPTION	TOTAL BILLED	NON ALLOWED	TOTAL ALLOWED	PAYABLE CUTBACK	PAYABLE CHARGE	OTHER DEDUCTED CHARGES	PAID AMOUNT	EXPLANA- TION CODES
RECIPIENT ID	FROM	TO											
	MMDDCCYY	MMDDCCYY											
FINANCIAL ITEMS: ADJUSTMENTS (PRINCIPAL, PENALTY, INTEREST), REFUND, PAYOUT ACTIVITY													
RECIPIENT NAME/ RECIPIENT ID	FROM DOS/ TXN DATES	ADJUSTMENT ICN/ ORIGINAL CCN	TRANSFER CCN	PROVIDER % W/H / ADJUSTMENT % W/H LESS THAN 100%	TRANSFER INDICATOR	ORIGINAL/ TRANSFER AMOUNT (A)	FROM PRIOR CYCLE (B)	AMOUNT COLLECTED (C)	WRITE-OFF AMOUNT (D)	ENDING BALANCE (B-C-D=E) (E)	EOB		
ADJUSTMENTS NEGATIVE													
PRINCIPAL													
JONES WENDY 988844444Q	07/10/1999 10/08/1999	931999221990120 1999281750040			Y	50000	50000	00	50000	00	2249		
SUB-TOTAL						50000	50000	00	50000	00			
TOTAL PPI:						50000	50000	00	50000	00			
(TOTAL OF COLUMN C FOR PRINCIPAL, PENALTY, AND INTEREST = TO "WITHHELD AMOUNT" ON CLAIMS PAYMENT SUMMARY PAGE)													

NOTE: Underlined items are fields that were expanded in order to become Y2K compliant